

## Foster Family Home - Corrective Action Report

Provider ID: 1-512477

Home Name: Ofelia Albano, CNA

Review ID: 1-512477-5

94-1089 Waipahu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/3/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 7/3/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David Ayling  
Compliance Manager

Ofelia M. Albano  
Primary Care Giver

7/3/19  
Date

7-3-19  
Date